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CONFIRMATION NO. 8605

<b>SERIAL NUMBER</b> 10/666,423	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 05986/100K433-US2
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**APPLICANTS**  
 Blas Frangione, New York, NY;  
 Thomas Wisniewski, Staten Island, NY;  
 Einar M. Sigurdsson, New York, NY;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/861,847 05/22/2001 PAT 6,713,450 which claims benefit of 60/205,578 05/22/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 11/24/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
07278

**TITLE**  
Synthetic immunogenic but non amyloidogenic peptides homologous to amyloid beta for induction of an immune response to amyloid beta and amyloid deposits

<b>FILING FEE RECEIVED</b> 393	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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